

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MM	1031	9/25
O.I.P.E. CLASSIFIER		/S	10/300
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		6-16-94	11-3
		10300	12-6

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral)... Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	9/16/02
1	✓ 10/15/02
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If more than 150 claims or 10 actions
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